## **APPELLATE BUDGET FORM**

Matter No: Ma	atter Caption:			
Institution No: Bank Thrift	Firm Name:			
PART I: APPELLATE BUDGET INFORMATION				
Attorneys' fees:  Hourly Rate Fixed Fee (\$ TOA Fee (\$ Contingent Fee (% of \$	)	ESTIMATED RECOVERY VALUE:  \$_ ESTIMATED JUDGMENT AMOUNT:  \$_ ESTIMATED JUDGMENT PROBABILITY:%		
ACTION	FEES	EXPENSES	TOTAL	
Bond				
Notice of Appeal and Docketing				
Appellate Court Briefs & Replies (including Research, Draftin				
Motions				
Other (Specify):				
Estimated Hours For Completion				
ESTIMATED COMPLETION DATE (MM/DD/YY):/				
GRAND TOTAL OF APPELLATE BUDGET				
PART II: LAW FIRM BUDGET ACKNOWLEDGMENT				
I acknowledge that the budget information contained herein is correct to the best of my knowledge and written approval of the Legal Division is required for any increase in the total budget amount.				
Authorized Law Firm Signature: Date:/_/_				
Print/Type Name and Title of Above:				
Telephone: ( )	FAX: (	( )		
PART III: BUDGET AUTHORIZATION FOR OUTSIDE COUNSEL TO PROCEED				
FDIC Legal Division Approval				
FDIC Attorney (recommending approval of budget):	Date Budget Approved:/_/_			
Signature of Delegated Authority:  Date Budget Approved:/_/_				